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Case Study

AYURVEDIC MANAGEMENT OF HERPES ZOSTER

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ABSTRACT

Herpes zoster, commonly known as shingles, is a viral disease caused by the reactivation of the varicella zoster virus. In India, from January 2015 to May 2021, there were 1,269 chickenpox outbreaks, resulting in 27,257 cases. Diagnosis of herpes zoster is based on severe pain, unilateral distribution, and the presence of grouped vesicles on erythematous, edematous skin, which rapidly evolve into pustules and then crust. Complications such as postherpetic neuralgia (10.2-54.7%) and secondary bacterial infections (3.5-21.0%), pose significant challenges in treatment. Contemporary medicine approaches cases with antiviral medications, antihistamines, NSAIDs, topical soothing powders, and symptomatic relief through analgesics. The herpes zoster is understood as vitiation of *Tridosha*, *Twak, Rakta, Mamsa, Lasika* and *Sweda* as per Ayurveda. Due to similar *Dosha-dooshya* vitiation *Loota visha chikitsa* and *Visarpa chikitsa* are being adopted. *Dooshivisha chikitsa* and *Dosha*-based management are also being incorporated by some *Vaidyas* based on individual condition. This case study is focusing on a 53-year-old female patient from Kerala, presented in the outpatient department of Agadatantra, illustrates the practical application of *Dosha*-based Ayurvedic management. She presented with reddish skin lesions over the right upper back region, extending to the axilla associated with severe pain and burning sensation. This Ayurvedic treatment approach demonstrated significant effect, promotes healing without complications and offers a cost-effective alternative to conventional management. This case study suggests the potential of Ayurvedic management protocol in not only reducing symptoms but also fundamentally addressing the underlying imbalances that contribute to herpes zoster.

INTRODUCTION

Herpes zoster is a viral disease caused by the varicella zoster virus. Humans serve as the sole reservoir; after the initial infection, the virus remains dormant in neural ganglia. In approximately 10-20% of cases, it reactivates, causing herpes zoster, primarily in individuals over 50 years old or those who are immunocompromised.[1] In India, from January 2015 to May 2021, there were 1,269 chickenpox outbreaks, resulting in 27,257 cases. Thirty-one deaths were confirmed, with the majority occurring in Bihar and Uttar Pradesh.[2]

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Diagnosis of zoster is based on severe pain, unilateral/segmental distribution, and the presence of grouped vesicles on erythematous, edematous skin, which rapidly evolve into pustules and then crust. Viral infection: initially a normal course, later recurrent, multi-dermatomal involvement, hemorrhagic ulcerated lesions & dissemination. Complications such as postherpetic neuralgia (10.2-54.7%) and secondary bacterial infections (3.5-21.0%), pose significant challenge in management.[3] Contemporary medicine manages cases with antivirals, antihistamines, NSAIDs, topical soothing powders, and symptomatic treatment through analgesics (e.g., acyclovir 800mg, five times per day for two weeks).[4] The herpes zoster is considered as vitiation of *Tridosha*, *Twak, Rakta, Mamsa, Lasika* and *Sweda* as per Ayurveda. *Loota visha chikitsa*, and *Visarpa chikitsa* are being adopted in herpes zoster due to similar *Dosha-dooshya* vitiation. The concepts

of *Dooshivisha chikitsa* and *Dosha*-based management are also being practiced based on condition by some *Vaidyas*.

AIM AND OBJECTIVE:

To analyse the effect of OPD based Ayurvedic management for a herpes zoster patient, presented in the OPD of Agadatantra, Government Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Case Report

Presenting illness with duration

A case study of a 53-year-old female patient from Kannanpuzha, Kerala, presented in the Out Patient Department of Agadatantra, Government Panchakarma Hospital, Poojappura, with complaints of reddish skin lesions over the right upper back region, extending to the axilla associated with severe pain and burning sensation for 4 days.

History of presenting illness

The patient was a known case of hypertension for 10 years. Before 4 days, she developed redness, pain and mild burning sensation over the right scapular region extended to the axilla. On 4th day, she noticed vesicular lesions over those areas associated with redness and burning sensation. The symptoms aggravated on exposure to heat and on sweating.

History of past illness

History of hypertension for 10 years under allopathic medications.

History of Chickenpox before 20 yrs.

Personal History

Diet**-** Mixed: *Katu*, *Amla*, *Lavana rasa pradhana*, prefer pickle, curd.

Appetite**-** Reduced

Bowel- Regular

Micturition**-** Within normal limits

Sleep- Disturbed

Allergy- Nil

Exercise- Moderate

Family history

Nothing relevant

General examination

General condition was fair and afebrile.

Built: Moderate

Nourishment: Good

Temperature: 98.7°F

Height: 161 cm

Weight: 58 kg

Pulse: 74/min

Respiratory rate: 17/min

Heart rate: 74/min

BP: 118/84 mm Hg

Systemic examination

Cardiovascular system, respiratory system, gastrointestinal system, locomotor system examinations had shown no abnormalities.

Nervous system: Higher mental functions intact, pain and burning sensation over the right scapular region extended to the axilla.

Integumentary system

Site- Right scapular region extended to the axilla

Onset- Sudden

Appearance- Multiple erythematous, edematous vesicular lesions.

Primary lesion- Macules developed into painful vesicles.

Secondary lesion- Nil

Distribution- Segmental

Configuration- Coalesced

Oozing- Absent.

Tenderness- Present around the affected site

Slight local raise in temperature- Present

Ashta Sthana Pareeksha

Nadi (pulse): *Pitta-vata*

Mutra (urine): *Anavilam*

Malam (stool): *Prakrutham*

Jihwa (tongue): *Aliptam*

Sabdam: *Spashtam*

Sparsham (touch): *Ushna sparsha* at affected part

Drik (vision): *Prakrutha*

Akriti (built): *Madhyama*

Dasavidha Pareeksha

Dushyam: Dosha: Tridosha (Pitta- vata pradana), Dooshya: Rasa, Rakta, Mamsa, Lasika

Mala: Sweda

Desham: Bhumi: Sadharana

Deha: Dakshina Amsaphalaka and *Kaksha.*

Balam: Roga: Pravara, Rogi: Madhyama

Kalam: Kshanadi- Greeshma;

Vyadhyavasta- Navam

Analam: Dhatuvagni vaisamya

Prakruthi: Vata-pitta

Vaya: Madhyama

Satva: Madhyama

Satmya: Katurasa Pradhana Sarvarasa

Ahara: Jarana Sakthi- Madhyama; Abhyavaharana Sakthi- Madhyama

Nidana

***Aharaja*:** Intake of *Vidahi*, *Guru* and *Abhisyandi aharas*, *Pramitasana* (untimely intake of food), *Raktadushti aharas* like pickles and curd.

Viharaja: Exposure to sun and heat.

Manasika: Stress due to personal issues.

MATERIALS AND METHODS

Examination of disease (Grading of symptoms)

Grade	Pain	Burning sensation	Erythema	Vesicles	Fever
0	No pain	Nil	Normal Skin	No vesicles	No fever
1	Mild	Sometimes	Slight discolouration	Less than 5 cm affected area	100.4 to 102^0 F
2	Moderate	Continuous without disturbed sleep	Moderate discolouration	Between 5-10 cm affected area	102 to 104^0 F
3	Severe	Continuous with disturbed sleep	Excessive discolouration	Many and uncountable	>104^0 F

Treatment protocol

S.no	Medicines	Dose, Time
1.	*Guduchyadi kashayam*	75ml *Kashaya* twice daily before food (7am, 7pm) for 20 days
2.	*Vilwadi gulika*	1-1-1 (7am, 7pm with *Kashaya*) for first 10 days 1-0-1 (7am, 7pm with *Kashaya*) for next 10 days
3.	*Sudharshanam gulika*	1-1-1 after food for first 10 days 1-0-1 after food for next 10 days
4.	*Shatadoudha ghritam*	External application for first 10 days
5.	*Ksheerabala Taila 21 Avarthi*	External application for next 10 days

RESULTS

Treatment given and observations

Visit	Medicines/ Procedures given	Dose/ Duration/ Time	Observations/ Condition of the patient
1st visit	*1. Guduchyadi kashayam*	75ml *Kashaya* twice daily before food (7am, 7pm)	➢ Numerous vesicles ➢ Severe pain, burning sensation, erythematous and edematous painful vesicles, redness over and around the site of lesions.
	2. Vilwadi gulika	1-1-1 (7am, 7pm with *Kashaya*)	
	3. Sudharshanam gulika	1-1-1 after food	
	4. Shatadoudha ghritam	External application	
Follow-up 1	*1. Guduchyadi kashayam*	75ml *Kashaya* twice daily before food (7am, 7pm)	➢ Healing vesicles ➢ Pain, burning sensation, erythema and edema reduced.
	2. Vilwadi gulika	1-0-1 with *Kashaya*	
	3. Sudharshanam gulika	1-0-1 after food	
	4. Ksheerabala Taila 21 Avarthi	External application	
Follow-up 2	Advised to follow *Pathya* for a month along with proper hygiene measures	1 month	➢ Relief from symptoms

Before treatment

After Treatment

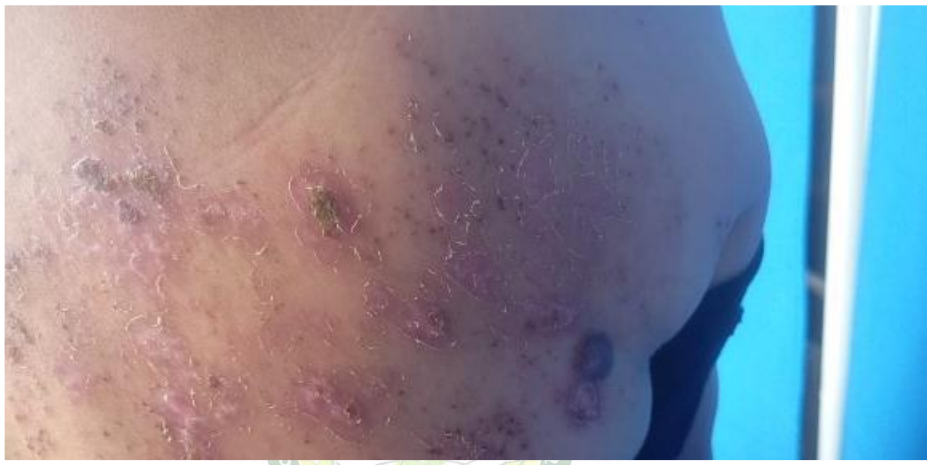
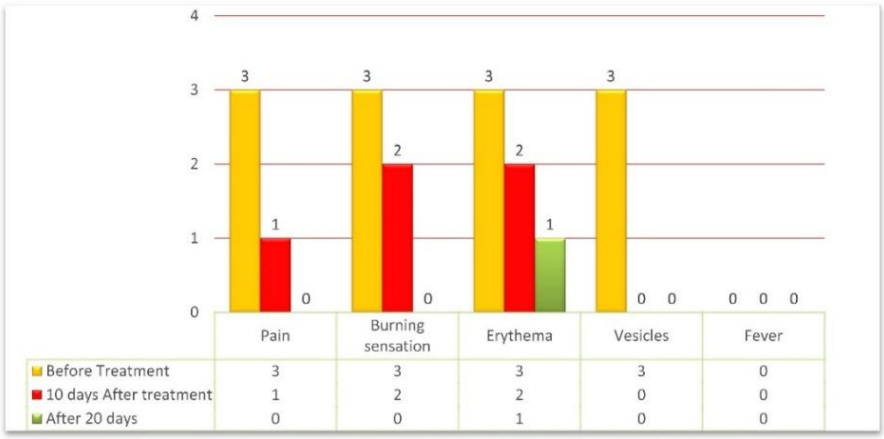


Diagram 1: Analysis of symptoms



DISCUSSION

The Ayurvedic perspective considers herpes zoster as vitiated *Tridoshas, Twak, Mamsa, Rakta, Lasika* and *Sweda*. This treatment protocol focused on *Tridoshasamana, Raktasodhaka* and *Agni vardhaka*, to reduce symptoms and enhance health outcomes. The patient was prescribed internal administration of *Guduchyadi kashayam, Vilwadi gulika,* and *Sudarshanam gulika* along with the external application of *Shatadouta ghritam* and *Ksheerabala tailam* 21 *Avarthi*. *Guduchyadi kashayam (Pitta sleshma hara, Daha-trishna hara,* and *Agnivardhaka,* rich in antioxidants)[5] aimed to reduce burning sensation and prescribed for its detoxification property. *Vilwadi Gulika (Vishahara, Jwarahara, Ama pachana* and *Bhootavidarshitam* (anti-microbial) was prescribed for its anti-viral properties. *Sudarshanam gulika* (*Pittakaphahara, Sarvajwarahara, Vishamajwarahara, Amajwarahara, Bahirandhar Jwarahara,* etc.) targeted local inflammation. *Shatadouta ghritam* (*Vata pitta daha kshata nasha, Daha-jwarahara, pitta visarpahara,* and *Vrana ropana)* addressed burning sensation,

erythema, and vesicles. *Ksheerabala tailam* 21 *Avarthi* (*Vata pittahara)* aimed to prevent chronic Painful conditions like postherpetic neuralgia. The combined effect of these medicines resulted in patient recovery from the pain, burning sensation, erythema and vesicles within 20 days, with no reported complications. The patient was advised to follow a healthy diet and proper hygiene measures for a month.

CONCLUSION

Dosha-based Ayurvedic management of herpes zoster (shingles) has proven to be safe, highly effective, cost-effective and feasible. By reducing symptoms and gradually enhancing immunity, this approach can significantly improve health outcomes. Ayurveda uses traditional medicines, diet and lifestyle modifications, and *Panchakarma* therapies to promote the body's natural healing process. A key focus is on maintaining equilibrium of *Tridosha*, especially calming aggravated *Pitta* and *Vata* in herpes zoster. Several herbs with strong antiviral, anti-inflammatory, and immune-stimulating properties, including *Guduchi*, *Nimba*, *Manjistha*, and *Haridra*, etc., can be beneficial. Pain and discomfort can also be reduced by lifestyle modifications, the external application of *Sheeta lepas* (cooling pastes), and the use of medicated oils. For personalised care, it is crucial to consult a registered Ayurvedic practitioner. By embracing the comprehensive principles of Ayurveda, patients can receive effective treatment for herpes zoster, leading to improved health and well-being.

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